2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 27, 2005 8:00 am Secretary of State **DOCUMENT # L04000059514** 1. Entity Name 04-27-2005 90034 023 ****55.00 MEAZZELLE M. POST, LLC Principal Place of Business Mailing Address 1107 CRAIG COURT 1107 CRAIG COURT ST. CLOUD, FL 34772 ST. CLOUD, FL 34772 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 06-1733592 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POST, MEAZZELLE M Street Address (P.O. Box Number is Not Acceptable) 1107 CRAIG COURT ST. CLOUD, FL 34772 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TILE ☐ Change ■ Addition TITLE ☐ Delete NAME POST, MEAZZELLE M NAME STREET ADDRESS 1107 CRAIG COURT STREET ADDRESS CITY-ST-ZIP ST CLOUD, FL 34772 CITY-ST-ZIP TITLE Delete TITLE Change Maddition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 22/05 407-891-101**5**(Date) Daytime Phone #

FILED